Introduced by Senator Liu

(Principal coauthor: Assembly Member Brown)

February 26, 2015

An act to amend Section 12803 of the Government Code, and to add Division 121 (commencing with Section 152000) to the Health and Safety Code, relating to long-term care. aging.

LEGISLATIVE COUNSEL'S DIGEST

SB 547, as amended, Liu. Long-term care: Assistant Secretary of Aging and Long-term Care: Department of Community Living. Aging and long-term care services, supports, and program coordination.

Existing law establishes the California Health and Human Services Agency consisting of the Departments of Aging, Child Support services, Community Services and Development, Developmental Services, Health Care Services, Managed Health Care, Public Health, Rehabilitation, Social Services, and State Hospitals.

Existing law sets forth legislative findings and declarations regarding long-term care services, including that consumers of those services experience great differences in service levels, eligibility criteria, and service availability that often result in inappropriate and expensive care that is not responsive to individual needs. Those findings and declarations also state that the laws governing long-term care facilities have established an uncoordinated array of long-term care services that are funded and administered by a state structure that lacks necessary integration and focus.

This bill would establish the Department of Community Living within the agency. The department would, among other duties, serve as the

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single state-level contact on issues of aging and long-term care, oversee statewide long-term care service delivery, promote coordinated long-term care service delivery and access to home and community-based services at the local and regional level, and serve as the organizational unit designated to oversee all long-term care programs in the state and to consolidate all long-term care programs administered throughout all departments of the agency. The bill would also create the office of Assistant Secretary of Aging and Long-term Care Coordination within the agency, who would be appointed by the Governor and confirmed by the Senate.

The bill would require the Assistant Secretary to develop a systemwide long-term care plan that would, among other things, address the expansion of managed care and the changes to, and differences in, access to health care for older and disabled adults in counties throughout the state, propose a support network for unpaid family caregivers, and include an analysis of workforce needs, including the training and education requirements of a long-term care workforce, and a strategy for aligning the available resources to meet those needs.

This bill, among other things, would create the Statewide Aging and Long-Term Care Services Coordinating Council, chaired by the Secretary of California Health and Human Services, and would consist of the heads, or their designated representative, of specified departments and offices. The secretary would have specified responsibilities, including, but not limited to, leading the council in the development and implementation of a state aging and long-term care services strategic plan to address how the state will meet the needs of the aging population in the years 2020, 2025, and 2030. The bill would also require the secretary to enter into a contract with the Regents of the *University of California so that the council may either partner with the* University of California, San Francisco, to operate, revise, and manage the CalQualityCare.org Internet Web site or acquire the rights to operate the CalQualityCare.org Internet Web site to function as a consumer-oriented portal that provides specified aging and long-term care information on a statewide basis.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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The people of the State of California do enact as follows:

SECTION 1. Division 121 (commencing with Section 152000) is added to the Health and Safety Code, to read:

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DIVISION 121. AGING AND LONG-TERM CARE SERVICES. SUPPORTS, AND PROGRAM COORDINATION

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- *152000. The Legislature finds and declares all of the following:*
- 8 (a) The California Health and Human Services Agency consists of the following departments: the California Department of Aging, the Department of Community Services and Development, the State 10 Department of Developmental Services, the State Department of Health Care Services, the Department of Managed Health Care, 12 13 the State Department of Public Health, the Department of Rehabilitation, the State Department of Social Services, and the 14 15 State Department of State Hospitals.
 - (b) The agency also includes the Emergency Medical Services Authority, the Office of Health Information Integrity, the Office of Patient Advocate, the Office of Statewide Health Planning and Development, the Office of Systems Integration, the Office of Law Enforcement Support, and the State Council on Developmental Disabilities.
 - (c) California baby boomers are turning 65 years of age at the highest rate in the nation, and over 20 percent of California's population will be 65 years of age or older by 2030.
 - (d) Among persons 65 years of age and older, an estimated 70 percent will use long-term services and supports (LTSS).
 - (e) Persons 85 years of age and older are the fastest growing segment of the United States population, and they are four times more likely to need LTSS than persons between 65 and 84 years of age.
- 31 (f) People are living longer, and the aging population is 32 increasingly diverse.
- (g) A report by the Senate Select Committee on Aging and Long 33 34 Term Care on January 2015, called, "A Shattered System:
- 35 Reforming Long-Term Care in California. Envisioning and
- 36 Implementing an IDEAL Long-Term Care System in California,"
- found that the state's system of 112 aging long-term care programs 37

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1 administered by 20 agencies and departments is almost impossible
 2 for consumers to navigate.

- (h) Other deficiencies of the system include no person-centered care, poor transitions from hospital to home or to other institutions, limited access to a range of services that enable aging in place, deficiency of services and supports in rural areas, limited cultural competency, skilled workforce shortages across a range of disciplines, no uniform data, no universal assessment tool, and limited caregiver supports.
- (i) Also, the End of Life Option Act authorizes an adult, who meets certain qualifications and who has been determined by his or her attending physician to be suffering from a terminal disease, to make a request for a drug for the purpose of ending his or her life. Paragraph (5) of subdivision (i) of Section 443.1 states that an individual choosing the end of life option is required to be informed of "feasible alternatives or additional treatment opportunities, including, but not limited to, comfort care, hospice care, palliative care, and pain control." Better system wide coordination of aging and long-term care services and supports is needed to ensure access to services and information, so individuals can plan for, access, and make informed decisions on end of life options.

152001. The Secretary of California Health and Human Services shall be responsible for all of the following:

- (a) Inter- and intra-agency coordination of state aging and long-term care services, supports, and programs.
 - (b) Ensuring efficient and effective use of state funds.
- (c) Maximizing the drawdown, and the efficient and effective use of federal funds.
- 152002. There is hereby created a Statewide Aging and Long-Term Care Services Coordinating Council, chaired by the Secretary of California Health and Human Services, and consisting of the heads, or their designated representative, of all of the following:
 - (a) The California Department of Aging.
- 36 (b) The Department of Community Services and Development.
- *(c) The Department of Consumer Affairs.*
- *(d) The Department of Food and Agriculture.*
- 39 (e) The Department of Human Resources.
- 40 (f) The Department of Insurance.

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- 1 (g) The Department of Justice.
- 2 (h) The Department of Motor Vehicles.
- 3 (i) The Department of Rehabilitation.
- 4 (j) The Department of Transportation.
- 5 (k) The Department of Veterans Affairs.
- 6 (l) The Emergency Medical Services Authority.
- 7 (m) The Employment Development Department.
- 8 (n) The Office of Health Information Integrity.
- 9 (o) The Office of Law Enforcement Support.
- 10 (p) The Office of Patient Advocate.

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- 11 (q) The Office of Statewide Health Planning and Development.
- 12 (r) The Office of Systems Integration.
- 13 (s) The State Department of Developmental Services.
 - (t) The State Department of Health Care Services.
- 15 (u) The State Department of Public Health.
- 16 (v) The State Department of Social Services.
 - 152003. (a) The secretary shall lead the council in the development and implementation of a state aging and long-term care services strategic plan to address how the state will meet the needs of the aging population in the years 2020, 2025, and 2030. The strategic plan shall incorporate clear benchmarks and timelines for achieving the goals set forth in the strategic plan and be updated every five years. In developing the strategic plan, the council shall consult with all of the following:
- 25 (1) Experts, researchers, practitioners, service providers, and 26 facility operators in the field of aging and long-term care.
- 27 (2) Consumer advocates and stakeholders, including the 28 Olmstead Advisory Committee, the California Commission on 29 Aging, the area agency on aging, the State Council on 30 Developmental Disabilities, the California Foundation for 31 Independent Living Centers, and the Milton Marks "Little Hoover" 32 Commission on California State Government Organization and
- 32 Commission on California State Government Organization and 33 Economy.
- 34 (3) Rural and urban communities in order to identify 35 infrastructure capacity issues, the need for uniform access
- 36 standards for home and community-based services, and
- 37 mechanisms for supporting coordination of regional and local
- 38 service access and delivery.

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(4) The California Task Force on Family Caregiving, the findings and recommendations of which shall be incorporated into 3 the strategic plan.

- (b) Technical support for the development of the strategic plan shall be provided by the Office of Health Equity in the State Department of Public Health and by the California Department of Aging.
 - (c) The strategic plan shall address all of the following:
- (1) Integration and coordination of services that support independent living, aging in place, social and civic engagement, and preventative care.
- 12 (2) Long-term care financing.
- 13 (3) Managed care expansion and continuum of care. 14
 - (4) Advanced planning for end of life care.
- 15 (5) Elder justice.

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- (6) Care guidelines for Alzheimer's disease, dementia, 16 17 Amyotrophic Lateral Sclerosis (ALS), and other debilitating 18 diseases.
 - (7) Caregiver support.
- 20 (8) Data collection, consolidation, uniformity, analysis, and 21 access.
 - (9) Affordable housing.
 - (10) Mobility.
- 24 (11) Workforce.
- 25 (12) The alignment of state programs with the federal 26 Administration for Community Living.
 - (13) The potential for integration and coordination of aging and long-term care services with services and supports for people with disabilities.
 - (d) In developing the strategic plan, the council shall examine model programs in various cities, counties, and states. The strategic plan shall consider how to scale up local, regional, and state-level best practices and innovations designed to overcome the challenges related to long-term care services delivery.
 - (e) Notwithstanding Section 10231.5 of the Government Code, the strategic plan shall be submitted to the Secretary of the Senate and the Chief Clerk of the Assembly, to the appropriate chairs of the policy committees of the Legislature with jurisdiction over any aging and long-term care related issues, and to the chairs of the

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fiscal committees of the Legislature by July 1, 2018, with updates submitted by July 1, 2023, and by July 1, 2028.

- (f) Notwithstanding Section 10231.5 of the Government Code, beginning on July 1, 2017, the secretary shall report on an annual basis to the appropriate policy committees of the Legislature with jurisdiction over any aging and long-term care related issues and to the fiscal committees of the Legislature regarding the current status of long-term care in the state, the level of state spending on long-term care programs, federal funding received, progress in developing and implementing the strategic plan as provided in this section, and the statewide Internet Web site portal as provided in Section 152004.
- 152004. Notwithstanding Chapter 2 (commencing with Section 10290) and Chapter 3 (commencing with Section 12100) of Part 2 of Division 2 of the Public Contract Code, the Secretary shall enter into a contract with the Regents of the University of California so that the council may either partner with the University of California, San Francisco, to operate, revise, and manage the CalQualityCare.org Internet Web site or acquire the rights to operate the CalQualityCare.org Internet Web Site to function as a consumer-oriented portal that provides all of the following information on a statewide basis:
- (a) Comprehensive, free, unbiased information on long-term care services and supports, including licensed skilled nursing facilities (freestanding and hospital-based), congregate living health facilities, hospice, home health, assisted living, continuing care retirement communities, adult day care, adult day health care, and intermediate care for the developmentally disabled (ICF/DD).
- (b) Depending on the availability and reliability of the data, information within all of the following domains shall be provided:
- (1) Provider characteristics, such as location, size, and ownership.
- (2) Ratings of skilled nursing facilities, home health, hospice, and ICF/DD.
 - (3) Staffing, such as number and type.
 - (4) Quality of the facility, such as deficiencies and complaints.
- 38 (5) Quality of care, such as incidence of pressure ulcers and infections.
 - (6) Cost and finances.

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(c) The CalQualityCare.org Internet Web site shall include information that assists the consumer to learn about options and how to make decisions on long-term care services and supports, advanced planning, and end of life options.

- (d) By July 1, 2018, the Secretary shall expand the 5 CalQualityCare.org Internet Web site to provide all of the 6 *following:*
 - (1) Information about long-term services and supports eligibility and how to access long-term care services and supports.
 - (2) Internet links to reputable local resource portals, such as county long-term care services and supports Internet Web sites.
 - (3) Internet links to reputable caregiver resources.
 - (4) Information on additional licensed providers, such as nonmedical home care aides.

SECTION 1. Section 12803 of the Government Code is amended to read:

- 12803. (a) The California Health and Human Services Agency consists of the following departments: Aging; Community Services and Development; Developmental Services; Health Care Services; Managed Health Care; Public Health; Rehabilitation; Social Services; and State Hospitals.
- (b) The agency also includes the Emergency Medical Services Authority, the Managed Risk Medical Insurance Board, the Office of Health Information Integrity, the Office of Patient Advocate, the Office of Statewide Health Planning and Development, the Office of Systems Integration, the Office of Law Enforcement Support, and the State Council on Developmental Disabilities.
- (c) The Department of Child Support Services is hereby created within the agency commencing January 1, 2000, and shall be the single organizational unit designated as the state's Title IV-D agency with the responsibility for administering the state plan and providing services relating to the establishment of paternity or the establishment, modification, or enforcement of child support obligations as required by Section 654 of Title 42 of the United States Code. State plan functions shall be performed by other agencies as required by law, by delegation of the department, or by cooperative agreements.
- (d) There shall be an Assistant Secretary of Aging and Long-term Care Coordination within the agency who shall be appointed by the Governor and confirmed by the Senate. The

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person appointed shall have an appropriate background in and knowledge of long-term care.

- (e) The Department of Community Living is hereby created within the agency.
- SEC. 2. Division 121 (commencing with Section 152000) is added to the Health and Safety Code, to read:

DIVISION 121. DEPARTMENT OF COMMUNITY LIVING

- 152000. There is in the California Health and Human Services Agency the Department of Community Living.
- 152001. The Assistant Secretary of Aging and Long-term Care Coordination shall serve as liaison to the federal Administration for Community Living and shall be responsible for ensuring that the state maximizes the use of available federal funding opportunities. The Assistant Secretary of Aging and Long-term Care Coordination shall do all of the following:
- (a) Consolidate data and programs regarding long-term care from all departments and programs in the agency.
- (b) Coordinate and direct the establishment of the Department of Community Living.
- (c) Lead the development and implementation of a statewide long-term care strategic plan.
- (d) Oversee and coordinate the integration of health care and long-term care services.
- (e) Work with rural and urban communities to identify infrastructure capacity issues and lead in the development of access standards for home and community-based services.
- (f) Facilitate the coordination of long-term care services at the local level.
- (g) Report on an annual basis to the legislative and fiscal policy committees regarding the current status of long-term care in the state, the level of state spending on long-term care programs, federal funding received, progress in improving the continuum of services, and policy recommendations to enhance the coordination and delivery of long-term care services.
- 152002. The department shall be aligned, to the extent practicable, with the federal Administration for Community Living. The department shall serve as the single state-level contact on issues of aging and long-term eare, oversee statewide long-term

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eare service delivery, promote coordinated long-term care service delivery and access to home and community-based services at the local and regional level, and provide leadership and information to local agencies on best practices. The department shall also serve as the organizational unit designated to oversee all long-term care programs in the state and to consolidate all long-term care programs administered throughout all departments of the agency, including programs serving older adults and those serving persons with disabilities. The department may develop statewide standards for the delivery of long-term care services to ensure consistent access to those services throughout the state, but shall provide sufficient flexibility to local agencies to meet the specific needs of the local population.

152003. The Assistant Secretary of Aging and Long-term Care Coordination shall develop a system-wide long-term care plan. The plan shall establish the priorities of the state, maximize the use of limited resources, engage a range of stakeholders representing the population of aging and disabled persons who need long-term care services, and incorporate clear benchmarks and timelines for achieving the goals set forth in the plan. The plan shall do all of the following:

- (a) The plan shall address the expansion of managed care in Coordinated Care Initiative counties, as defined in Section 14182,16 of the Welfare and Institutions Code, and the changes to, and differences in, access to health care for older and disabled adults in counties throughout the state. The plan shall include a strategy for integrating the health care system statewide, including recommended budgeting practices and incentives to make home and community-based services more accessible regardless of where persons in need of long-term care reside.
- (b) The plan shall propose a support network for unpaid family earegivers in this state. The plan would review and analyze existing programs, services, and deficiencies. The plan shall also consider employment-related policies and offer proposals to improve the support network, such as increasing the length of protected leave.
- (c) The plan shall develop principles and standards for person-centered planning in an integrated system of care to ensure that individuals and families have the opportunity to engage in service planning across the health and long-term care continuum in a manner that reflects their needs, desires, and preferences.

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(d) The plan shall include an analysis of workforce needs, including the training and education requirements of a long-term care workforce, and a strategy for aligning the available resources to meet those needs.

- (e) The plan shall include directives for ensuring that the integrated long-term care system screens individuals prior to placement in a "nursing home" or similar long-term care facility, to avoid unnecessary admissions to those facilities. The plan shall also examine how a preadmission screening program may be integrated into a managed care system and shall include a discussion of best practices in other states, such as Oregon, that are used to determine whether an individual is appropriate for community-based care as opposed to institutional placement. The plan shall specify the minimum levels of functional limitations that an individual must have in order for a facility to receive Medi-Cal reimbursement.
- (f) The plan shall include a strategy for developing a public/private partnership to raise Californians' awareness of, and engagement in, long-term care planning. The plan shall consult advocates, private foundations, and other stakeholders in developing a strategy to engage the general population on long-term care issues.
- (g) The plan shall include guidance on enhancing decision-making capacity for impaired individuals, as well as options for supported and surrogate decision-making that are appropriate for various levels of impairment and risk. The plan shall also specify measures to evaluate a consumer's capacity to provide or oversee self-care and consent to or refuse services. The plan shall also address how to educate long-term care consumers and providers, the legal system, and the public about "safe" advance directives, limited conservatorships, and affordable access to conservators.
- (h) The plan shall address end-of-life planning issues emphasizing a consumer's rights to make decisions about options to die with dignity. The plan shall also address improvements to end-of-life care, while promoting access to quality health and long-term care services, including palliative care, for consumers and their families.
- (i) The plan shall consider how to expand local and state-level innovations designed to address the challenges related to long-term

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- care services delivery. The plan shall examine model programs in
 various cities and counties.